



STACKS

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Editor: C. W. MacCHARLES

G. L. ADAMSON, R. H. FRASER, C. E. CORRIGAN

Medical Historian: ROSS MITCHELL

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*"They shall not grow old, as we that are left, grow old;
Age shall not weary them, nor the years condemn;
At the going down of the Sun, and in the morning,
We will remember them."*

Armistice Day Service

November 11th, 1932

The annual Armistice Day Service was held in the Medical College on November 11th. Dr. W. M. Musgrove, President of the Manitoba Medical Alumni Association, presided. The students and faculty met before the Memorial at the entrance to the medical school at eleven o'clock, and the customary two minutes' silence was observed. At the termination of the silence, Last Post was sounded by a bugler from the P.P.C.L.I. The President laid a wreath at the base of the Memorial and the group then entered the college, where an address was given by Colonel Percy G. Bell. The international prayer was read by Dr. H. M. Speechly, and the ceremony concluded by the singing of the National Anthem.

Armistice Day Address

By COLONEL PERCY G. BELL, D.S.O., B.A., M.D. (Man.), F.A.C.S.
Associate Professor of Ophthalmology
University of Manitoba.

At the heart of our Empire in Westminster Abbey there lies in the stones of the floor a large brass plate inscribed with words of which these are part: "thus are commemorated the many multitudes who during the Great War of 1914-1918 gave the most that man can give—life itself—for God, for King and Country, for loved ones, home and Empire, for the sacred cause of Justice and the Freedom of the World."

It is the grave of the Unknown Soldier. You remember how this man, unknown by name or rank, became the symbol of the Nation's effort in the War. His body, taken from the battlefield and given the honours of a King, was carried on a warship to England and buried in the Abbey in earth brought from France.

In all parts of the Empire it is the custom of the people to gather at the War Memorials on Armistice Day, to do reverence to the Dead, and to re-live again for a moment those days when the Nation was united by one single purpose. Fourteen years have now passed since the close of the War. Time has inevitably drawn its veil over many of the agonies of the long struggle, so that even the men who served find the memories growing dim. But if time has blurred the details it has also lent detachment and perspective to the view. The War was the great testing time of our generation; it proved the invincible spirit of Man. The War should be remembered, not forgotten as some advise, else its lessons will be lost to us. To a World giving lip-service to Peace, yet torn by dissension, should not memory say "the qualities of honour, discipline, self-sacrifice and friendship are just as necessary now?"

We come here today to honour the memory of those men of this College who laid down their lives in the Empire's Wars. Their names are inscribed not only in the stone of their Memorial, but also in our traditions and affections. Their sacrifice has helped to maintain liberties which we hold, not as our right or due, but in trust for those who come after us.

You of the younger generation are shortly to take over. Before long the honour of your College and profession will be in your hands. In the trying and perhaps perilous times ahead, it will give you help and courage to recall the example of these men.

*"They have fought a good fight,
They have finished the course,
They have kept the faith."*

The Worm Turns!

The following resolution was discussed at the meeting of the Winnipeg Medical Society, November 18th, 1932:—

Mr. President and Gentlemen:—

I have been chosen to present a resolution forwarded from the Eye and Ear Section of this Society. Like all good Presbyterians introducing a doleful subject I will begin with a text: *"O God, we thank Thee that we are not as other men are."*

Now, being not as other men are, we, the members of the medical profession have only heard that there is a financial depression. In fact this depression has been affecting our fellow-citizens for some considerable time and may continue to do so for some further few days, notwithstanding the efforts of Mr. Bennett, Mr. Bracken and Mayor Webb. But we, being members of the medical profession and not as other men are, are not bothered by any depression. We may continue on our way, undisturbed by financial difficulties, paying our share of ever-increasing taxes out of undiminished incomes, happy in the thought that we do not need money, and delighted to do the enormously increased amount of unpaid medical work which is not merely asked of us but pushed at us by public officials and private peddlars of other peoples' charity.

Of course we know that other citizens who supply necessities of life to public dependents must be paid from public funds—the grocer must be paid, otherwise he cannot live; the landlord must be paid, otherwise he cannot pay his taxes and mortgage; the fuel dealer must be paid, otherwise he cannot keep his own house warm. But we being members of the medical profession, being not as other men, do not need money to pay our way. When the doctor's wife says the grocer's bill must be paid she should be told *"My dear, man shall not live by bread alone."* When the fuel bill is not paid and the supply is likely to be shut off, the medical parent should console himself with the thought that although his children may shiver with the cold, he can warm himself with the remembrance of the good he has done for the children of some poor unemployed neighbor who is being supported by the taxes which he helps to pay, if he gets any money to pay them with, and when taxes and mortgage on the doctor's house are not paid and it seems the home will have to be given up, the whole family should join in singing *"I'm but a stranger here, Heaven is my home."*

Scribes and Pharisees, hypocrites! We go on pretending that we can have a greater and greater proportion of the public treated without remuneration, that our expenses in taxes of various kinds can keep going up as our incomes go down and that we can still carry on comfortably. I say we are only pretending and the only people who are really being deceived are ourselves.

What was formerly an incidental part of a doctor's work, which he could do without its seriously affecting either his time or his income, is now becoming an unbearable burden. Where formerly we treated the relatively small numbers who were otherwise keeping themselves, but unfortunately could not pay doctors' bills and considered this a legitimate charity—now our services are pre-empted to care for the large numbers who are in all other matters being taken care of out of public funds. Where formerly a doctor in comfortable circumstances went to the clinic to spend an unhurried hour treating charity patients, we now have a financially worried man, worming his way through an out-patient waiting room filled with what looks to him a countless crowd of public pensioners and realizing for the first time what Horace meant when he said: "*Odi profanum vulgus et arceo,*" which may be freely translated "This bloody rabble makes me sick."

We have come to the stage where we must bury our pretensions that we are not as other men and as we bury them let us recall the beautiful words of the burial service, particularly that passage which reminds us that "*in the midst of life we are in debt.*"

Now, gentlemen, you may think that I have treated this subject as a joke, but the picture I have outlined to you is a picture of the impossible conditions under which we are endeavoring to carry on. We do have expenses which must be met, and in common with our fellow citizens we must expect reduced incomes, but we must realize that we cannot bear our share of the general misfortune and also carry the whole burden of treating the indigent sick. No other section of the community is expected to carry a similar burden and it is economically unsound to think that the medical profession can do so. It is time that we realized this and time that the public and public officials should also realize it.

In view of these circumstances I wish to lay before you the following resolution for your consideration:—

THEREFORE, BE IT RESOLVED THAT medical attention should be supplied on the same basis as other necessities of life, and therefore not solely at the expense of those citizens who supply medical attention, namely, the medical practitioners.

In conclusion, let me say that it is not my duty to offer a solution of this urgent problem, but may I again refer to the greatest textbook of all time and quote—"The labourer is worthy of his hire."

And I say that life is indeed darkness
Save when there is Urge,
And all urge is blind save when there is
Knowledge,
And all knowledge is vain save when there is
Work,
And all work is empty save when there is
Love;
And when you work with love you bind
Yourself to yourself, and to one
Another, and to God.

—Kahlil Gibran.

A smooth sea never made a skilful mariner: neither do uninterrupted prosperity and success qualify men for usefulness and happiness. —Robert Burton (1621).

Committees



THE Medical Society,
(Of which I am a Member)
Have laboured morning, noon and night,
From March until December.
But Effort seems "love's labour lost,"
To me 'twere a pity,
The only progress they have made
Is forming a Committee.

We gather in our College walls
In learned dis-cuss-ation.
Our mark is but the theft of Time,
Our brand Procrastination.
The hour is ripe for so and so,
Then Charlie winks at "Smitty,"
"Let's give the boys another thrill
By forming a Committee."

Our efforts they are latent,
Our energy potential;
The precious hours we've wasted in
Avoiding things essential.
And should you criticize my theme
Compounded in this ditty,
I pray you to refer it to
Your most select Committee.

Let us of this Society
Give both our socks a pull
And get our guns in action, just,
Instead of throwing bull.
And with a front united meet
The fathers of our Cities,
And do anything in God's name but
Keep forming new Committees!

(CONTRIBUTED).

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Some Aspects of Medical Economics

BY A PRACTITIONER

In discussing the economic difficulties of the medical profession at the present time, various points of view are taken by those who offer some method of solving them. (1) First of all, there is the attitude, probably the most prevalent one, that the only thing for the medical profession to do is to carry on as best it can and hope to ride out the storm and look forward to a re-establishment of more prosperous times. They suggest that we should be content with taking measures to prevent abuses of free medical services, of which many examples can be found. (2) There are an increasing number who feel that the attention of the proper authorities should be brought to the fact that the medical profession is bearing more than its fair share of the burdens cast upon the whole population in these difficult times. They feel that the medical men can no longer carry on meeting their obligations with rapidly diminishing incomes, and still provide free medical services for all the people who are on government relief. (3) There are also a few people who have been so impressed with the devastating effect of the present economic upheaval that they feel some totally new orientation is required, and that some new form of medical service must be substituted for the time honored combination of private practice plus free services for those who are unable to pay.

We might consider first measures of an emergency nature that might be required during this period of depression. Those who are out of employment at present are provided with food, clothing and shelter by the various governments. With a few local exceptions, medical services have been provided in quite a different fashion. Those people who are on government relief have been merely added to the more or less permanent list of charity cases which the medical profession has always cared for at its own expense. Any person who suggested that the grocer, the butcher, or the clothing merchant should supply free merchandise to the people who are on relief would be considered to be taking an absurd attitude. Yet, the equivalent of this practice has been expected from the medical profession, and the doctors have continued to care for unemployed who are on government relief without being paid in any way for their services. That any body of men should be willing to make such a sacrifice would seem incredible to the average hard-headed business man, and he simply refuses to believe it. The governing bodies have, of course, been quite satisfied, and although they may secretly consider the actions of the medical profession in this respect to be a form of insanity, they have recognized it as a particularly useful form of madness, in that it has relieved them of the responsibility of providing medical services for the unemployed. If it is true that the medical profession is unable to carry on and care for all the people who are now receiving a subsidy from the government, it may be necessary to ask the authorities to pay for medical attention for these people. With every governing body in the country finding its chief concern to be the question of cutting down its expenditure within the limits of diminishing returns from taxation, it is possible that the authorities would pay only a reduced scale of fees. The total income which would come to the profession as a result of this expenditure would be considerable, but it might be an unfortunate gift if it became established as the basis upon which payment of medical services should be established in the future. It would be interesting to know to what extent the practitioner's income has been reduced by the number of people who are on government relief, and to what

extent it has been reduced by what we might term the normal inability of all people to meet their obligations at the present time.

Those who are concerning themselves about radical changes in the entire established system of carrying on medical practice, are treading on what many people consider to be particularly dangerous ground. Panic legislation is a thing of which we in democratically controlled countries have had many unfortunate examples. There are people outside the profession who are full of bright ideas about revolutionizing the practice of medicine. With unusual enthusiasm, and unhampered by the restraining influence of practical knowledge, they are only too ready to initiate legislation to show other people how to manage their own affairs. Facts and figures relating to conditions of medical practice in a foreign country have no relation to conditions existing in Canada. What we require at the present time in this country are facts and figures relating to actual conditions in this country. We need accurate records of the cost of medical services. We need estimations of the actual medical services required. We need accurate estimations of the cost to the country of different methods of carrying on medical practice. Keeping in mind the fundamental requirements of any medical service, and having available these necessary facts and figures, the advantages and disadvantages of various possible alternatives to the present system may be estimated with some degree of accuracy.

So far as the temporary acute situation is concerned, it is a problem that can probably be dealt with best by the local medical organization, provided they first have the necessary accurate information available, and keep in mind the possible dangers of any measures of a temporary nature that they may see fit to adopt. So far as the considerations of any broad and fundamental change in medical practice are concerned, it is a problem which can probably be best investigated by the Canadian Medical Association, and its investigation will entail a great deal of diligent search for detailed information and very serious consideration..

Western Canada Medical History

by Ross MITCHELL

Sir James Hector

THE traveller on the main line of the Canadian Pacific Railway as his train halts at the Great Divide in the Rocky Mountains will notice a small shaft of limestone. This monument was erected by his friends in honour of the man to whom, more than any other, was due the discovery of the pass through the mountains which enabled the railway to traverse the southern route rather than the northern through the Yellowhead or Tete Jaune pass as originally planned. It is pleasing to reflect that the man largely responsible for this momentous decision was a physician, that he practised his profession during his scientific work as geologist and cartographer, and that he was as well known for his kindness of heart as for his professional attainments.

James Hector, son of Alexander Hector, writer to the signet, and his wife Margaret Macrostie, was born at Edinburgh, March 16th, 1834. He was educated at Edinburgh Academy, matriculated from the University in 1852, and qualified as M.D. in 1856. During the short period in 1854 when Edward Forbes filled the chair of Natural History his lectures deeply inter-

ested Hector who became his assistant and worked zealously at the comparatively new subject of geology and other branches of natural science. He also acted as ward clerk for Sir James Young Simpson, the eminent obstetrician.

Through the influence of the geologist, Sir Roderick Murchison, Dr. Hector was chosen as surgeon and geologist to accompany Capt. John Palliser in his expedition of 1857-60. This expedition was sent out by the British Government, and the following instructions were conveyed by the Secretary of State for the Colonies to Capt. Palliser under date of March 31, 1857:—“You will endeavour, from the best information you can collect, to ascertain whether one or more practicable passes exist over the Rocky Mountains within the British Territory, and south of that known to exist between Mount Brown and Mount Hooker.” On this expedition he discovered Hector—or Kicking-Horse—Pass, so named from an accident in which the doctor had several ribs broken by a refractory horse and was at first thought to be dead when found by friendly Indians.

In his reports to the Secretary of State for the Colonies Capt. Palliser on more than one occasion paid tribute to the influence exerted by Dr. Hector over the Indians. The Blackfeet were the fiercest and the most warlike of Canadian Indians but they never troubled the Palliser expedition. Writing from Fort Colville on October 22, 1859, Palliser wrote “Dr. Hector also has acquired a great influence among them by removing some trifling complaints from the men and a great success in his profession among the women and children. Neither is this friendly feeling confined to the Blackfeet alone for both Peigans and Blood Indians, whenever they come in any numbers to visit me, always ride unarmed into my camp, which is the greatest compliment that these Indians can possibly pay.”

Again on April 4, 1862, he wrote:—“That the next cause was Dr. Hector’s great success in his profession, especially among the women and children, which called forth their astonishment, and in many cases deep, though undemonstrative, gratitude.” In addition to his skill as a doctor Hector seems to have been possessed of great powers of endurance. The leader of the expedition writes of him thus:—“Dr. Hector, whose able assistance and exertions mainly contributed to the success of the expedition, was most indefatigable not only during the general exploration season but also during the severe winter excursions which he prosecuted on snowshoes, accompanied by dogs drawing provisions on sleighs, exposed to the hardships of an almost Arctic temperature. During the winter of 1857-8 Dr. Hector mapped out the whole of the north of Saskatchewan from Carlton to Rocky Mountain House, a distance of nearly 9 degrees of longitude.”

In a letter addressed to Lord Stanley, M.P., then Secretary of State for the Colonies, Capt. Palliser wrote from Fort Edmonton on October 7, 1858, as follows:—“In addition to being an accomplished naturalist Dr. Hector is the most accurate mapper of the original country I have ever seen, and is now an experienced traveller. By long and severe journeys with dogs and snow-shoes last winter, in connexion with his hard trip last autumn, he has laid down the whole north branch of the Saskatchewan, and the south branch from where we met it in the glaciers of its source; and there is no department of the expedition in which he is not only competent but willing to assist.”

In entering what is now Manitoba the expedition arrived at Fort Alexander on July 8, 1857, and the leader made this note: “At 6.15 p.m. we arrived at Fort Alexander, which stands on the left bank of the river Winnipeg about a mile and a half from its mouth. Here Dr. Hector found a great many patients all suffering, more or less, from symptoms of intestinal worms

caused by exclusive fish diet. The catfish (*Siluris felis*) is plentiful here, the liver of which abounds with an oil which might be successfully substituted for cod liver oil in the treatment of consumption which is rife here."

During his stay in the Canadian west Dr. Hector made important geographical, ethnological and geological observations which he communicated to the British Association for the Advancement of Science (1858-60) and to the Geological Society of London (1861). He described all tertiary and cretaceous lignite and coal in the country east of the mountains and at Nanaimo.

In 1861, again on the recommendation of Murchison, Hector was appointed geologist to the provincial government at Otago, New Zealand. In 1865 he was director of the Geological Survey, in 1866 he became director of Meteorology and director of the New Zealand Institute, the Colonial Museum and Botanical Gardens at Wellington. He resided at Wellington until his retirement in 1903.

In his 42 years' service Hector gained a world-wide reputation as naturalist, and geologist. He wrote on volcanoes, earthquake phenomena, thermal and mineral springs, glacial phenomena and recent and fossil fauna and flora. In 1875 he received the C.M.G. and two years later was knighted, being made Knight Commander of St. Michael and St. George. In 1874 the German Emperor conferred upon him the Order of the Golden Cross. In addition to these honours he received numerous scientific honours. In 1861 he became Fellow of the Royal Society of Edinburgh and five years later Fellow of the Royal Society of London and Corresponding member of the Zoological Society of London. The Geological Society conferred upon him the Lyell Medal in 1876 and in 1891 the Royal Geographical Society awarded him the Founders Gold Medal. He was president of the Wellington Philosophical Society 1873-74 and president of the Australasian Association for the Advancement of Science in 1891. He was also Chancellor of the New Zealand University.

He married Maria Georgiana, daughter of Sir David Monro, Speaker of the House of Representatives of New Zealand. His published books were "*A Handbook of New Zealand*" (1879), 4th edition, 1886, and "*Outlines of New Zealand Geology*" (1886). He died at Wellington, New Zealand, on November 5th, 1907.

* * * *

Forty-Five Years Ago—Oct. 10, 1887

The Winnipeg Maternity Hospital acknowledged with thanks, through the *Free Press*, the following donations: Two baskets of tomatoes from Mrs. Brinstone; one box cut flowers from Mrs. Manlius Bull; a box of vegetables from Mrs. S. R. Crowe; four rubber sets and one whisk from Mrs. Chown; basket of grapes, Dominion Express Company; two bags of flour, C.P.R. conductors; gifts from Mrs. McEachran and Mrs. McKilligan.

* * * *

Thirty Years Ago—Oct. 17, 1902

A large block of land, valued at \$2,000, was presented to the Winnipeg General Hospital, as additional ground for expansion; the hospital buildings now completely covered the original plots donated in 1876 by the late Andrew McDermott and A. G. B. Bannatyne on the avenues named after those two pioneers; among those donating the new lot were G. W. Allan, Heber Archibald, C. H. Enderton, E. H. Taylor and 21 other Winnipeg real estate men.

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News Items

— of —

Department of Health and Public Welfare

**Summary of Discussion Taking Place at the Dominion Council
of Health at the Twenty-Fifth Meeting, Held October 31st,
November 1st and 2nd, 1932, at Ottawa, Ontario.**

All the Provinces of the Dominion, with the exception of Nova Scotia, were represented by their Chief Executive Officers. Representation of labour, urban women and rural women were also present, and Doctor J. G. Fitzgerald, Director of the School of Hygiene and Connaught Laboratories, University of Toronto, was present.

The agenda consisted of some thirty-six items, and it would possibly be interesting to Health Officers, and to the general practicing profession, to go into some of these items in detail. One item, which seems to be always on the agenda of every meeting of the Council is "Maternal Welfare," and Doctor McMurchy, Chief of the Division of Maternal and Child Welfare, gave four very interesting summaries. The first on "Maternal Mortality;" the second, on "Maternal Morbidity;" the third, on "Consideration of the Report of the Canadian Medical Association's Committee on Maternal Welfare;" and the fourth, on "Maternal Nursing."

It would appear that Maternal Mortality, as such, has shown a definite decline in the last two years throughout the whole of Canada, and it is very pleasing indeed to be able to note that Manitoba shows a very definite decline. Our rate for 1931 would appear to be the second lowest of any province in the Dominion.

The Maternal Mortality Committee of the Canadian Medical Association reported and set forth certain things for consideration, and these are listed below:—

1. THAT every means should be taken to impress on the profession the necessity for a war against infection in obstetrical cases.
2. THAT inasmuch as important advances have been made of recent years in obstetrical practice and technique, means should be taken to improve post graduate, undergraduate and nursing education in obstetrics without further delay.
3. THAT a campaign of public education on maternal welfare, including pre, intra and post natal care, and correlating the medical and nursing services with those of the different social agencies, should be carried out in each province.
4. THAT the Department of Health in each province should establish a medical service in unorganized districts by providing for the appointment and reasonable remuneration of young practitioners to give medical service in such districts and out-posts.
5. THAT an Advisory Committee on maternal welfare should be appointed in each province. This Committee should be appointed by the Deputy Minister of Health in consultation with the Provincial Medical Association, and should consist of lay as well as professional representatives.

6. THAT the Department of Health of each province should establish a minimum standard of equipment for all maternity hospitals and homes, and should undertake the routine inspection and bacteriological testing of all sterilizing equipment in such hospitals and homes.

We think that these are worth very careful consideration by everyone doing obstetrical work, and feel convinced from reports received that the careful following of these recommendations will result in a further very definite decrease in maternal mortality.

We would particularly like to emphasize something which was brought out in the preamble to the report, namely, the fact of the necessity for improvement in obstetrical technique, which they claim should be in no way inferior to surgical technique, and that the use of proper masks by all individuals attending obstetrical cases, also the other precautions usually taken in the cases of major surgery, would undoubtedly prevent many cases of puerperal infection.

Doctor McMurchy also gave a summary in reference to infant mortality and laid particular stress on the great reduction of infant deaths in those parts of rural Quebec where the full-time health units had been established. In fact she went so far as to say that on account of the establishment of these full-time health units over a considerable portion of Rural Quebec there had been a remarkable decline in the infant death rate for the whole of the province. She brought out the point too that possibly the same would be evident in the Province of Manitoba due to the establishment of the Public Health Nursing Service.

There was some discussion in reference to Ophthalmia Neonatorum, and it was felt that there should be some compulsory legislation requiring the installation of prophylactic drops in the eyes of new born infants, particularly in view of the fact that during the past two years — possibly due to the economic depression—Gonorrhoea appeared to be definitely on the increase. The records in Manitoba show, that, although we have no compulsory legislation in this regard, in approximately ninety-six per cent. of births, attended by physicians, prophylactic drops are used in the babies' eyes. We live in hopes that, by better education, soon there will be one hundred per cent. of physicians using these drops in one hundred per cent. of the cases they attend. This, then, will leave only the very small proportion of cases which are attended by midwives; and how children in these instances are to be protected still remains a problem.

A very excellent paper was given by Mr. Ferguson, Chief Sanitary Engineer for the Federal Department, on "Sewage Disposal and the Necessity for More Consideration Being Given to this Subject." Those who live in Winnipeg, of course, will be well versed on this subject. Mr. Ferguson particularly emphasized the point that in many instances high pressure salesmen of sewage treatment equipment often unloaded on municipalities types of equipment which were unnecessary and unsuitable for the work required. He seemed to be of the opinion that in many instances the simplest form of treatment, without any great expense, was all that was necessary to reduce the nuisance and danger to the minimum.

This was a very timely subject in view of the discussion now taking place about sewage disposal for Greater Winnipeg, and it is hoped that information we are able to obtain from him in the future may be of value to the committee, which has been set up to discuss this question.

There was also considerable discussion on the hardy perennial "Health Insurance," and a paper had been prepared by Doctor Bow, of Edmonton, Alberta, on this subject. Doctor Young, Chief Executive Officer for the Province of British Columbia, seemed very enthusiastic over the report of their Commission on Health Insurance, and he felt convinced that it was the only solution of the problem in so far as both the public and the medical profession were concerned. Judging from his remarks, it would appear that they had figured that approximately fifteen (\$15.00) dollars a year by the head of each family would entitle the individual and his family to complete medical and hospital care. The investigations in Manitoba, however, would indicate that this figure is very low and that probably the required amount would be in the neighborhood of twelve or fifteen dollars per head. The scheme in British Columbia, though, is now complete in every detail and just awaits the advent of better times before it will be put into operation.

The "Municipal Doctor" scheme of public medical services also came up for considerable discussion, principally by the three men from the provinces of Manitoba, Saskatchewan and Alberta. On the completion of the discussion, Doctor FitzGerald, of Toronto, made a very accurate summary of the whole subject and expressed the opinion that it was the ideal method of medical services and health administration in selected rural districts, providing the proper type of medical man was secured and he was properly safe-guarded. It was the concensus of opinion that the Section of the Municipal Act of Manitoba, now dealing with Municipal Doctors, together with the standard contract form, was an ideal arrangement for controlling the situation, and particularly, to insure that the public had available the proper type of medical man to act as municipal doctor.

Doctor Stone, Chief of the Medical Services of the Indian Department, gave an interesting summary of Trachoma amongst the Indians in Canada. He pointed out that the greatest infestation occurred in the four western provinces, and it would appear that it is a disease particularly prevalent amongst those Indians living in the prairie regions, and apparently Indians, who had as their habitant, the bush countries were very seldom, if ever, affected. This seems to be similar to the experience in Manitoba amongst our general population. The point arises, might not Trachoma be at least aggravated to a great extent and thereby be spread by the habitat of the individual. That is, industrial regions, where there were cases of Trachoma, the likelihood would be that it would be of a more severe nature and be much more prevalent than in a section of the country in which the eyes received little or no irritation.

The question of "Psittacosis" was also discussed by Doctor Heagerty, the Executive Chief Assistant of the Federal Department of Pensions and National Health, and a communication was read by him from the United States Health Service pointing out that practically all the aviaries in the State of California were now infected and that the owners and operators of these were advertising through the mail to sell the birds they have at bargain prices. It was pointed out that it might be possible that the disease would become widespread in a sporadic form, due to the wide distribution of love birds and parrots from California. In view of this fact it would be well for everyone to keep this point in mind when attending illness in a house in which one of these birds had been a recent acquisition.

Considerable discussion took place on the period of quarantine necessary for Scarlet Fever, but no definite decision was arrived at as to the advisability of reducing the length of quarantine. If laboratory facilities were available in order to detect the presence of hemolytic streptococcus of nose and throat

structures, it was thought that the quarantine period might safely be reduced to three weeks, providing the patient was apparently healthy, and also providing the nose and throat swabs proved negative for this organism. The matter, however, was left in the hands of a committee and probably something definite may be decided at the next meeting.

The present situation in reference to "Venereal Disease" was also brought up for discussion and every province was of the opinion that it was very deplorable that the Dominion Government had to discontinue their grant for this purpose, particularly at this time. A committee was appointed to wait on the Minister of Health, requesting that some money be allotted in the next appropriation to assist in this work. The committee interviewed the Minister, the Honourable Doctor McLaren, and reported back to the Council that he had promised to bring the matter up before the Cabinet. The present situation indicates that there seems to be quite a marked increase in the amount of gonorrhoea, while the amount of syphilis reported remains at about the same level as before. Why we have had this increase in the amount of Gonorrhoea, no one seemed to be able to explain.

There was a short discussion on the subject of medical supervision of those on relief, and the Council appeared to be in favour of medical relief being included as a part of the general relief programme and that it should be considered on the same basis as rent, fuel and clothing. The Chief Executive Assistant Officer, Doctor Heagerty, stated the matter would be taken up with the committee responsible for relief, and it is hoped that some definite policy may be established.

An interesting item from the standpoint of Manitoba was a paper given by Mr. Ferguson on infestation of waters. He made particular reference to the itch prevalent at Clear Lake and Riding Mountain National Park, informing the Council that the itch might have been demonstrated and its life history worked out and precautions have been taken by the use of copper sulphate to eliminate it at the bathing beaches.

* * * * *

COMMUNICABLE DISEASES REPORTED

Urban and Rural - October, 1932

Occurring in the Municipalities of:—

Chickenpox: Total 174—Winnipeg 106, Brandon 32, Kildonan West 13, St. James 5, Kildonan East 4, St. Boniface 3, Hanover 2, Napinka 2, Rockwood 2, St. Vital 2, Minto 1, St. Laurent 1, Brenda 1 (delayed Sept. report).

Whooping Cough: Total 88—Winnipeg 42, Hillsburg 10, St. Boniface 9, Kildonan W. 7 and 1 (delayed July report), Sprague 6, Portage rural 3, Rockwood 3, Cypress North 2, Eriksdale 2, Louise 1, St. James 1, unorganized 1.

Scarlet Fever: Total 75—Winnipeg 26, Selkirk 6, Eriksdale 3 (delayed Sept. report) 6, St. Boniface 5, Armstrong 3, Ochre River 3, Portage City 3, Coldwell 2, St. Vital 2, Beausejour 1, Birtle rural 1, Charleswood 1, Dauphin Town 1, Gilbert Plains rural 1, Kildonan W. 1, Lac du Bonnet 1, Lansdowne 1, Manitou 1, McCreary 1, Neepawa 1, Pembina 1, Portage rural 1, Roblin Village 1, Shell River 1, St. James 1.

Tuberculosis: Total 47—Winnipeg 11, Treaty Indians 6, St. Boniface 4, Portage City 3, Kildonan West 2, St. James 2, Brandon 1, Dauphin Town 1, DeSalaberry 1, Ellice 1, Eriksdale 1, Fort Garry 1, Harrison 1, Kildonan East 1, Minnedosa 1, Pembina 1, Rossburn 1, St. Laurent 1, St. Paul West 1, Transcona 1, Tuxedo 1, unorganized 1, Ritchot 1, Plum Coulee 1, The Pas 1.

Measles: Total 43—Winnipeg 37, St. Andrew's 3, Louise 1, Sprague 1, St. Boniface 1.

Diphtheria: Total 32—Winnipeg 22, Brandon 2, St. Boniface 2, Lawrence 1, McCreary 1, Norfolk South 1, Springfield 1, St. Andrew's 1, Whitehead 1.

Typhoid Fever: Total 16 — Portage City 3, St. Andrew's 3, Brokenhead 2, Brandon 1, Cornwallis 1, Grandview Rural 1, Hanover 1, Lansdowne 1, Rhineland 1, Russell Town 1, Selkirk 1.

Trachoma: Total 11—Gretna Town 5, Morris Rural 2, Roblin Rural 2, Boissevain 1, Rhineland 1.

Mumps: Total 11—Winnipeg 9, Tuxedo 2.

Erysipelas: Total 6—Winnipeg 4, Souris 1, unorganized 1.

Diphtheria Carriers: Total 5—Winnipeg 4, Kildonan West 1.

Smallpox: Total 1—Minnedosa 1.

German Measles: Total 1, 1 (delayed Sept. report).

* * * * *

DEATHS FROM ALL CAUSES IN MANITOBA

For Month of September, 1932

URBAN: Total 229—Cancer 26, Congenital 18, Stillbirths 16, Tuberculosis 11, Pneumonia (all forms) 9, Puerperal 3, Influenza 2, Scarlet Fever 2, Cerebrospinal Meningitis 1, Diphtheria 1, Typhoid 1, all other causes 139.

RURAL: Total 243—Congenital 55, Cancer 25, Stillbirths 19, Pneumonia (all forms) 9, Tuberculosis 6, Puerperal 3, Influenza 1, Typhoid Fever 1, Whooping Cough 1, all other causes 123.

INDIANS: Total 14—Tuberculosis 6, Pneumonia 2, Whooping Cough 1, Congenital 1, Stillbirths 1, all other causes 3.

Current Medical Events

A TEXT-BOOK of PATHOLOGY

—by—

WILLIAM BOYD

M.D., M.R.C.P. Ed., F.R.C.P. Lond., Dipl. Psych., F.R.S.C.

Professor of Pathology in the University of Manitoba

Pathologist to Winnipeg General Hospital
Winnipeg, Canada.

946 pages, octavo, 287 illustrations with a colored plate
Lea & Febiger, Philadelphia; \$10.00.

Dr. Boyd's new text book of Pathology differs from his previous "Surgical Pathology" and "Pathology of Internal Diseases" in that it contains a complete discourse on general pathology and in the special section it covers both the medical and surgical diseases that affect each organ.

There are many unique and valuable features in this new book not found in other texts. One frequently noticed a paragraph describing the relation of symptoms to the pathological lesions described. Where a localized disease process has general effects the latter are explained. This correlation helps one to form a mental picture of the pathological lesions which cause the symptoms described by a patient.

In disease where recent investigation has changed our viewpoint the modern ideas are clearly and briefly expressed. The following are a few outstanding examples: the endometrial and ovarian changes during the menstrual cycle and the influence of pituitary and placental secretions: ductless gland interrelationships: how excessive or diminished activity of one gland may influence others. The physiology of the gall bladder; the

physiology of bone, its repair, the fate of a bone graft are discussed as well as acute osteomyelitis, tuberculosis and the recent modern classification of tumors. Irregularities of bone growth are described under osteodystrophies. The new bacteriological work on rheumatoid arthritis is given.

There is much new information of tumors that will be of value to the practitioner such as the body disturbances in malignancy, the effect of radiation on tumors and radiosensitivity. One full page illustration shows microscopic pictures of the four grades of epitheliomas according to Broder's classification. These indicate the degree of malignancy or rapidity of growth and form a basis for the selection of excision or radiation in treatment. Precancerous lesions are discussed on clinical and pathological evidence. The best methods of removing a portion of tumor from various parts of the body for pathological examination are given.

The practitioner will perhaps find the most informative some of the chapters in the section on general pathology. Here some subjects found in highly technical journals are tersely dealt with presenting only what is of practical value. For example in Chapter IX. under "disorders of the regulators of the body," hormones which control growth, metabolism and blood pressure are considered. There is also a full discussion of vitamins and the pathological lesions which occur when any one of them is lacking. In Chapter X. under "Body constants in disease" the temperature, reaction of the blood, acidosis and water balance are dealt with in six pages. Subjects that are of fundamental importance in illness and recovery such as the present day concept of resistance to disease, the various sources of immunity and hypersensitivity are summed up in the usual clear manner that characterizes all of Dr. Boyd's writings.

A knowledge of pathology and pathological physiology is a time tried basis for sound medical practice and while in this short space only an outline of some of the subjects covered can be given it will perhaps indicate to practitioners what they may expect to review and learn from reading this book. Not only the Faculty of Medicine of Manitoba University but also the physicians of Manitoba will regard this splendid production by one of their members with much satisfaction and pride. We feel sure Dr. Boyd's new text will have a very far-reaching influence in Medicine.

* * * *

The regular monthly meeting of the Winnipeg Medical Society was held in the Physiology Lecture Theatre of the Medical College on Friday, Oct. 21st, at 8.15 p.m. The programme was as follows:—

1. "Treatment of Some of the More Common Ano-Rectal Disorders — with Special Reference to the Injection Treatment of Hemorrhoids" (with lantern illustrations)—Dr. P. H. T. Thorlakson.
2. "A Clinical Interpretation of the Sedimentation Test"—Dr. D. Nicholson.
3. "Virchow"—Dr. J. E. Lehmann.

* * * *

MEDICO-LEGAL NOTES

The following case is of interest to medical practitioners:—

In....., M.D., vs. Insurance Company of Canada (1932), Judge Maclean, of the Supreme Court of Saskatchewan, has decided that when a physician requires a patient to get upon a table in order that he may

UNEQUALLED INTENSITY OF ACTION — PROLONGED
EFFECT — EFFECTIVE BY INJECTION AND LOCAL
APPLICATION — ADVANTAGEOUS PRICE

characterize the new non-narcotic
local anæsthetic

Nupercaine "Ciba"

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TABLETS

AMPOULES

A compound Nupercaine Ointment under the name of PERCAINAL, "CIBA" has recently been introduced for the treatment of painful conditions of the skin and mucous membranes.

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The Care of Your Eyes

GOOD vision is a priceless possession . . . yet how often we neglect our eyes! Working under artificial light, or reading fine print, driving into glaring headlights — in fact, the whole scheme of modern civilization puts a tremendous strain on our eyes.

Consult an Oculist Physician. He can tell you when—and how much—your eyes are at fault. If he prescribes glasses, bring your prescription to

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continue his diagnosis he is practising his profession and he should exercise reasonable care in seeing that the table is safe just as he must exercise care in using properly sterilized instruments. His Lordship therefore held that the physician's neglect to fasten the table and to make it safe whereby the patient fell and was injured, was "malpractice," *i.e.*, bad practice in the sense in which that expression is used, and also that this neglect was an "error" and a "mistake" in the practising of his profession within the meaning of these three terms in a physician's liability indemnity policy and he therefore held that the indemnity policy covered this risk and that the physician was entitled to be indemnified and to have the action defended by the Company which insured him against the liability imposed by law in consequence of any malpractice, error or mistake in the practice of his profession.

* * * *

CANCER INSTITUTE

The treatment committee of the Cancer Relief and Research Institute met with the members of the list of physicians approved for the use of radium and some others intimately associated with the treatment of Cancer Monday evening, November 21, 1932. The committee chairman, Dr. G. S. Fahrni, acted as chairman of the meeting.

The purpose of the meeting was to discuss ways and means of improving the care of those afflicted with Cancer in this Province, in the hope that a provincial wide clinical organization might be organized which would function as a forum at which the many problems of this disease might be discussed and the results of treatment shown.

After free discussion it was moved and seconded that such an organization be formed. The motion was duly carried unanimously and Dr. J. A. Gunn was elected chairman and Dr. C. E. Corrigan secretary.

A great deal of enthusiasm was shown and it is hoped that out of the deliberations of this new organization, to which the best local thought in surgery, roentgen ray therapy and radium therapy will come, shall in the not too far distant future produce at least a more standardized form of the best therapeutic measures suited to the different types of cancer seen in the different parts of the body.

* * * *

The regular monthly meeting of the Winnipeg Medical Society was held in the Physiology Lecture Theatre of the Medical College on Friday, November 18th. The programme was as follows:—

1. "The Clinical Significance of the Halo Test"—Dr. D. Nicholson.
2. "Some Pituitary Syndromes"—Dr. Lennox G. Bell.
3. "Highlights from a Trip around the World" (with moving pictures)—Dr. W. L. Atkinson.
4. A discussion of some of the problems of Medical Economics resulting from the existing economic depression.

* * * *

The Annual Congress of the American College of Physicians will be held in Montreal February 6th to 11th. It is expected that approximately one thousand physicians will attend the meeting.

A Layman's Impressions of Impending Changes in the Practice of Medicine in the United States

Those who are concerned with the question of medical economics will find an interesting viewpoint expressed in an article in the *Surgery, Gynecology and Obstetrics Journal*, January, 1930. The article is called "The Medical Revolution, A Study in the Humanization of Science," by Glenn Frank, M.A., Litt.D., Madison, Wisconsin, President, The University of Wisconsin. Although the article is written by an American and refers to American conditions, it is an interesting study of some of the problems of medical economics. The fact that it is written by a layman, who has been in touch with questions relating to medical education and medical practice, makes it particularly valuable. The chief contention of the writer is that in the United States medicine is undergoing a revolution comparable to the changes in the eighteenth century, which are referred to as the Industrial Revolution. He states for example:—

"The historian of medicine will look back upon the period following 1875 as the time of the Medical Revolution, as the historian of industry looks back upon the period following 1779 as the time of the Industrial Revolution. In both instances new forces came into the field destined to alter profoundly the prevailing policies and procedures.

"If I may generalize very broadly, this Medical Revolution was brought about by the entry of the science of medicine into a field before occupied in the main by the art of medicine. Medicine is admittedly both an art and a science. And the Medical Revolution will not bear its full fruit unless, as the ultimate result of its readjustments, the best in the art of medicine and the best in the science of medicine meet and merge, both in the practice of physician and the program of the profession.

"But revolutions are treacherous adventures unless they are engineered by men who possess both the hindsight of the historian and the foresight of the statesman. In revolutions we always run the risk of throwing to the winds the eternal as well as the obsolete elements of the old order. And I am not at all sure but that in the necessary promotion of the science of medicine we are today in danger of losing some of the precious values developed in the practice of the art of medicine over the generations."

He then stresses the dangers of this revolution, provided it is not controlled and directed by medical men themselves:

"I want to deal with just one question: What are the implications of this Medical Revolution for the average man in the private practice of medicine and for the schools and hospitals in which we are training men for the private practice of medicine?

"I think we may find a fruitful lead to an answer to this question by considering the new Medical Revolution in the light of the old Industrial Revolution. For, it seems to me, the private practitioner of the art of medicine, face to face with the organized promotion of the science of medicine, is in very much the position of the handcraftsman, when, at the dawn of the Industrial Revolution, science introduced machine power into industry. The parallel is, I think, both accurate and illuminating.

"The handcraftsman, both in himself and in his system, had many virtues and many values that society could ill afford to lose as it moved

over from a pre-machine to a machine economy. In like manner, the private practitioner of the art of medicine, both in himself and in his non too systematic system, has many virtues and many values that medicine can ill afford to lose as it moves over from a pre-scientific to a scientific basis.

"Because there was not enough industrial statesmanship among the handcraftsmen, the evolution of industry got out of hand, many of the rarest values evolved by the handcraftsmen through the centuries were lost, and a vast high-powered industrial machine subjected the handcraftsmen to a ruinous competition they could not meet. In like manner, unless adequate medical statesmanship is brought to the direction of the present Medical Revolution by the men now in the profession, we may lose many of the rarest values evolved by the old practitioners of the art of medicine, and it may happen that a vast high-powered medical machine, under the sponsorship of industries, insurance companies, and governments, will enter the field and subject the private practitioners of medicine to a ruinous competition they will be unable to meet."

He goes on to say that, provided the medical profession take sufficient interest in the changing conditions of medical practice, they can avoid the principal dangers of a medical revolution and preserve all its advantages.

"If the American mind could be so changed that the average American would look to his doctor for the care of health rather than for the cure of disease a wholly new order could be established in the world of medicine. Into the fascinating details of the profound changes that could, in the light of such an attitude, be made in the practice of medicine I shall not now undertake to go. I shall content myself with suggesting that this change in attitude toward doctors can be brought about only in one or the other of two ways. First, it can be brought about as a result of a deliberately organized and persistently promoted nation-wide educational campaign on the part of the private practitioners of medicine to change the attitude of their clientele toward doctors, to induce the American people, as I have said, to look to doctors for the care of health more than for the cure of disease. Second, it can be brought about by a vast high-powered machine of state medicine or its equivalent.

"This transformation of attitude toward doctors is bound to come. It lies with the doctors themselves to say by which way it shall come. If the medical profession does not display adequate sensitiveness to social values and adequate statesmanship in meeting social issues, and itself lead and administer this transformation, it will inevitably be led and administered by industries, insurance companies, and governments."

This article represents an interpretation of changes that are occurring in the practice of medicine in a foreign country. It is a misleading and often dangerous practice to presume that an appreciation of conditions in one country is applicable to existing conditions in another country. The point of view presented in this article is, however, of interest to any student of the problems associated with medical economies.

Afoot and light-hearted I take to the open road,
Healthy, free, the world before me,
The long brown path before me leading wherever I choose,
Henceforth I ask not good fortune, I myself am good fortune,
Henceforth I whimper no more, postpone no more; need nothing,
Done with indoor complaints, libraries, querulous criticisms,
Strong and content I travel the open road. —*Walt Whitman.*

Withstanding the Test of Time

THE introduction of Antiphlogistine, more than 35 years ago, was the beginning of a movement in therapeutics, which has steadily grown, until now it is accepted as one of the established principles of scientific medicine for the relief of inflammation and congestion.

Because of the conspicuous success which has crowned its use as a therapeutic agent, many spurious products, purporting to be "*just as good,*" are now being offered for the original Antiphlogistine.

Imitations and substitutes invariably breed disappointment, and the Denver Chemical Manufacturing Company therefore take this opportunity of respectfully calling this matter to the attention of the Medical Profession, urging them always to prescribe the genuine Antiphlogistine in order to avoid disappointment to themselves and to their patients.

Antiphlogistine has withstood the test of time.

Appreciation

The doctor sat in front of the fire whose dying embers gave a fitful glow of light to the darkened room. A disorderly multitude of figures passed through his mind. Expenditures for car, office, house and family, the increasing demands of a highly trained army of tax gatherers haunted his tired brain and seemed to mock their ineffectual opponent — a rapidly vanishing income. The oft repeated catch phrase of the socialistic street-orators recurred to mock him: "*The world owes every man a living.*" He recalled the remark heard so often from his private patients, "I can't pay you now, Doctor, but I may be able to give you something in a few weeks." The label which now was found almost invariably on the history form of his public patients appeared to him in letters that danced a weird dance through the little flames of the wood fire — "on relief," "on relief." He recalled the well-nourished, contented figure of the merchant who had remarked to him in the morning, "Of course business is not as good as it used to be, but we are getting a lot of orders for people who are on relief." To the merchant the fact that a family was on relief merely meant that he was paid by the state instead of being paid by the family. For the doctor it meant another item added to the load of ever-increasing charity work which he was called upon to do, and work which directly or indirectly cost him money to do. As he knocked the ashes out of his pipe and prepared to retire, he reflected that, even if he was not being paid for his work, the public at least appreciated the contribution that the medical profession was making to the country in these difficult times.

The following morning, a canvasser for one of the organizations collecting for charitable purposes came into the doctor's office to ask for a contribution. The doctor suggested that, in asking medical people for cash contributions to charitable organizations, some allowance should be made for the fact that doctors spend a great deal of their time in rendering free medical services both in their private practice and in the public wards and free clinics of the hospitals. The collector brushed this contention aside with the remark: "That is nothing. I know plenty of real red-blooded business men who have been away from their offices for two days collecting money for this organization."

The doctor's reply is not recorded.

—A. B. X.

Clinical Meetings

At Brandon General Hospital—

2nd Wednesday at 12.30 p.m.

At Brandon Hospital for Mental Diseases—

Last Thursday. Supper at 6.30 p.m.
Clinical Session at 7.30 p.m.

At Children's Hospital—

1st Wednesday.
Luncheon at 12.30 noon.
Ward Rounds 11.30 a.m. each Thursday.

At Misericordia Hospital—

2nd Tuesday at 12.30 p.m.

At St. Boniface Hospital—

2nd and 4th Thursdays.
Luncheon at 12.30. Meeting at 1.00 p.m.
Ward Rounds 11.00 a.m. each Tuesday.

At St. Joseph's Hospital—

4th Tuesday.
Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.

At Victoria Hospital—

4th Friday.
Luncheon at 12.00. Meeting at 1.00 p.m.

At Winnipeg General Hospital—

1st and 3rd Thursdays.
Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.
Ward Rounds 10.00 a.m. each Thursday.
Pathological Conference at Medical College at 9.00 a.m.
Saturday during college term.

Winnipeg Medical Society—

3rd Friday, Medical College, at 8.15 p.m.
Session: September to May.

Eye, Ear, Nose and Throat Section—

1st Monday at 8.15 p.m., at 101 Medical Arts Building.



How Much Sun Does the Infant ? Really Get ♦

Not very much: (1) When the baby is bundled to protect against weather or (2) when shaded to protect against glare or (3) when the sun does not shine for days at a time. Mead's 10 D Cod Liver Oil with Viosterol offers protection against rickets 365½ days in the year, in measurable potency and in controllable dosage. Use the sun, too.